

Name
in
Full

Andrew J Blowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clayville	County Montgomery	MARYLAND		
Date of death 190	Month May	Day Saturday	Years 82	Months My	Days	
Sex Male	Color or Race White	Occupation Carpenter			Birth- place Maryland	
Married, Single or Widowed Married						
Name of Wife or Husband Elizabeth A Ayston						
Father's Name Jonathan Blowers				Father's Birthplace Howard Co Maryland		
Mother's Maiden Name Ann Blowers Amy Darby				Mother's Birthplace (cannot give information)		
Name of person giving Information Rachel R Kennard				How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN
C. B. Crawford

Primary Age infirmities 154 How long

Immediate Cerebral Congestion How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Basil B Crawford
Laytonsville Montgomery
County Maryland

Accident or Suicide?



Name
in
Full

Anna Rebecca Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
near Laytonsville		Montgomery					
Date of death 1903	Month	Day	Years	21	Months	22	Days
May	Thursday	Age 61					
Sex	Female		Color	White		Howard Co, Md	
Married, Single or Widowed		Occupation					
Name of Wife or Husband		Anna Rebecca Wallich					
Father's Name		Christopher Wallich					
Mother's Maiden Name		Ariana Miller 79					
Name of person giving Information		Beesie Lenoir Bowman					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease left heart	How long	Three years
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Immediate	No immediate exciting cause	How long	
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Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Basil B Crawford M D
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Address

	Laytonsville, Maryland
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Accident or Suicide



Name in Full

Sylvester Butler

Certificate of Death

Died at		Town	County			Occupation	
Goshen		Maryland	Montgomery			MARYLAND	
Date	1903	Month	Day	Y.	M.	D.	Native of
	May	3		1	8	19	—
Male	White	Age	18	Married	Widow	Divorced	Number of children living
Female	Colored	Single		Widower			
Husband of							
Wife							
Father's Name	John Butler			Mother's Maiden Name	Carrie B Brattin		
Cause of Death	Primary	Pneumonia			How long sick	A3	
	Immediate					Accident, Suicide, Homicide	

Reported by

W H Dugow

Address

Laytonsville • Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

L. Virginia Dove

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

MARYLAND

Date
of death

1903

Month

May

Day

16

Years

3

Months

1

Days

0

Sex

Female

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lighthman Dove

Father's
Birthplace

Mother's
Maiden Name

Lennie Dove

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Consumption

How long

Immediate

How long

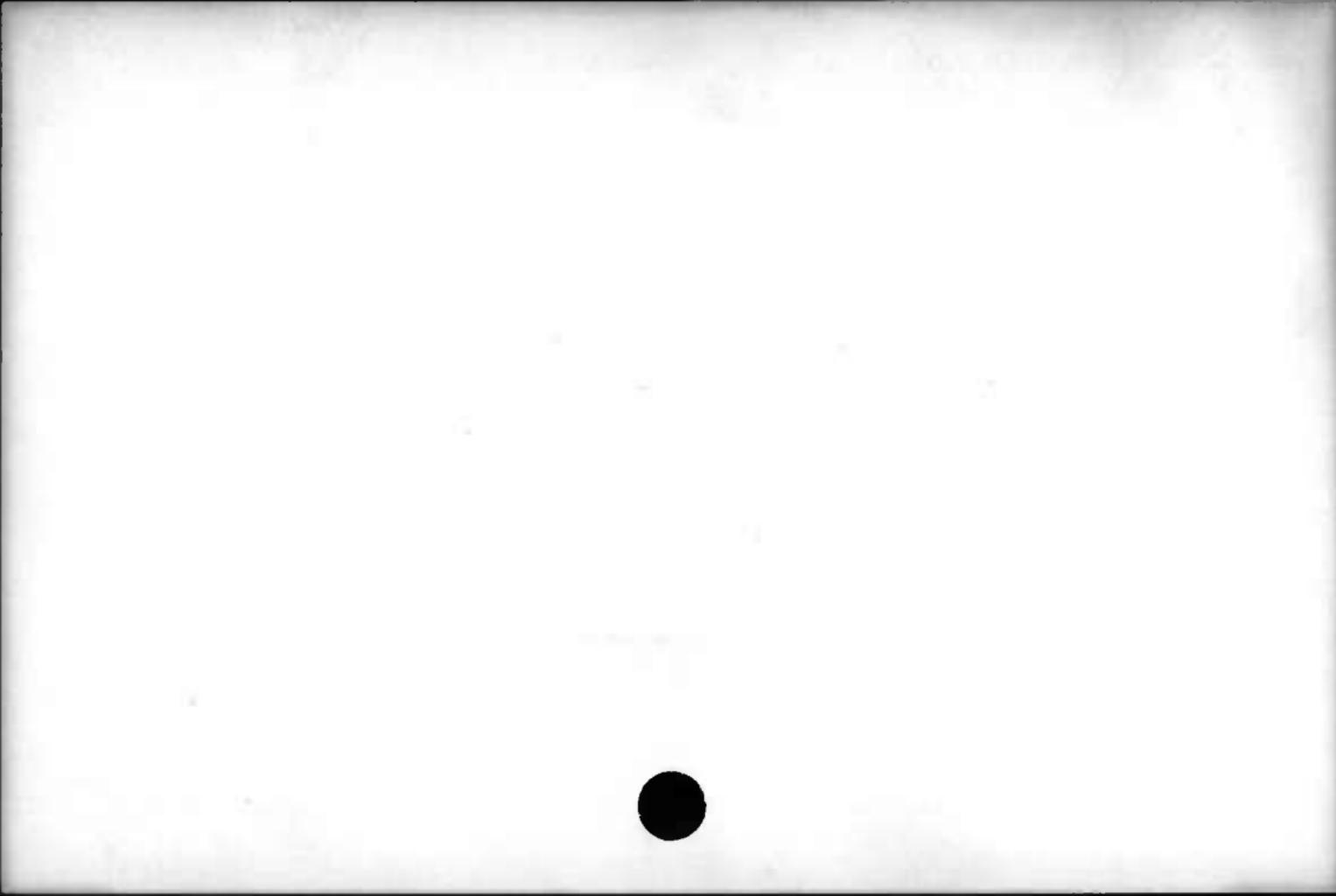
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Edward Liederman
Rockville

Accident or Suicide?



Name
in
Full

William Frederick Eekloff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Arthur Eekloff	9	Alle-		
Mother's Maiden Name	Rose Arnold		Germany		
Name of person giving information	"	"	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sliphtheria	
Immediate	Asphyxia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
		1 week
		How long
Address	H. J. Brown	
	Burnt Mills	
Accident or Suicide?	Md)	

Mrs. Mary Fletchall

Died at	Town		County			
	Poolesville		Montgomery		MARYLAND	
Date 1903	Month	Day	Y.	M.	D.	Native of
	May	30	78.			ned
Male	White	Age	Married	Widow	Divorced	Occupation
Female	Colored		Single	Widower		Housewife

Husband of

Wife

Father's Name

Wm. J. Poole

Mother's Maiden Name

Harriet Humpstead

Cause of Death

Primary

Pulmonary Tuberculosis

How long sick

7 weeks

Immediate

Accident, Suicide, Homicide

Reported by

B. W. Wadling M.D.



Poolesville, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel A. Gayley.

Town

County

MARYLAND

Died at

Kensington

Montgomery

Died at

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date of

May 15

Age

80 - 3 - 4

Widow

Minister

Male

White

Married

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of ✓

Wife

Mother's

Father's

Name

Name

✓

Cause of

Primary

Cerebral Hemorrhage

How long sick

5 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

W^m L. Lewis M A

Kensington Md



Name
in
Full

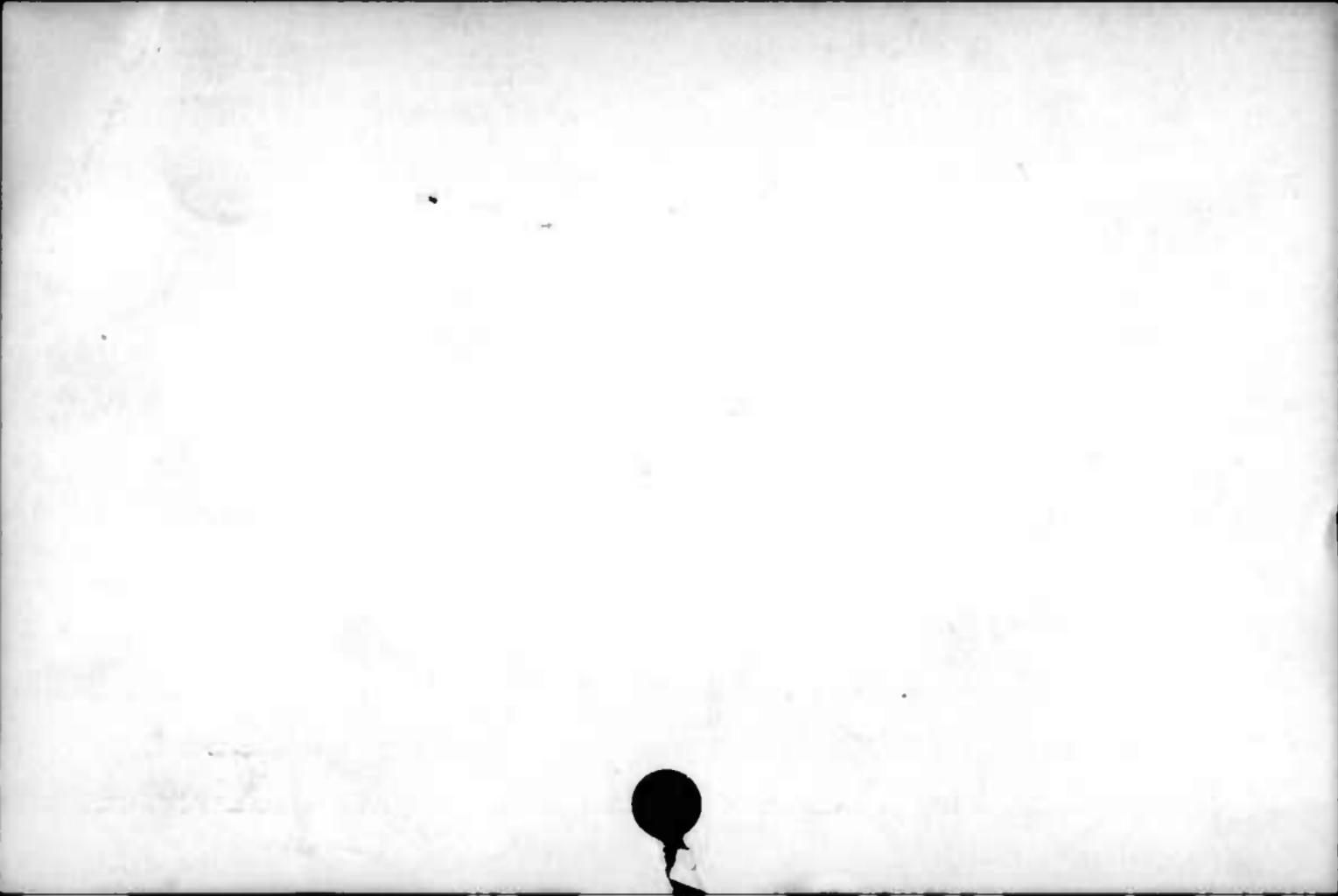
W. J. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years t	Age	Months	Days	
Sex	Color or Race	Birth-Place					
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			
CAUSES OF DEATH							
Primary	Acute Indigestion			How long	Sunday		
Immediate	Paralysis of the heart			How long			
Are the name, age, sex, color, date, and place correctly given above?				Signature of Physician	Eugen Jones M.D.		
PHYSICIAN OR CORONER				Address	Kensington Md.		
Accident or Suicide?	No						

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Ann J. Kilgour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glen</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>May</u>	Day <u>6</u>	Age <u>87</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Atherosomatous (Senile) degeneration</u>	How long	<u>Several yrs.</u>
Immediate	<u>collapse</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W.R. Andrews M.D.</u>
		Address	<u>Rockville Md.</u>
Accident or Suicide?			

1903

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

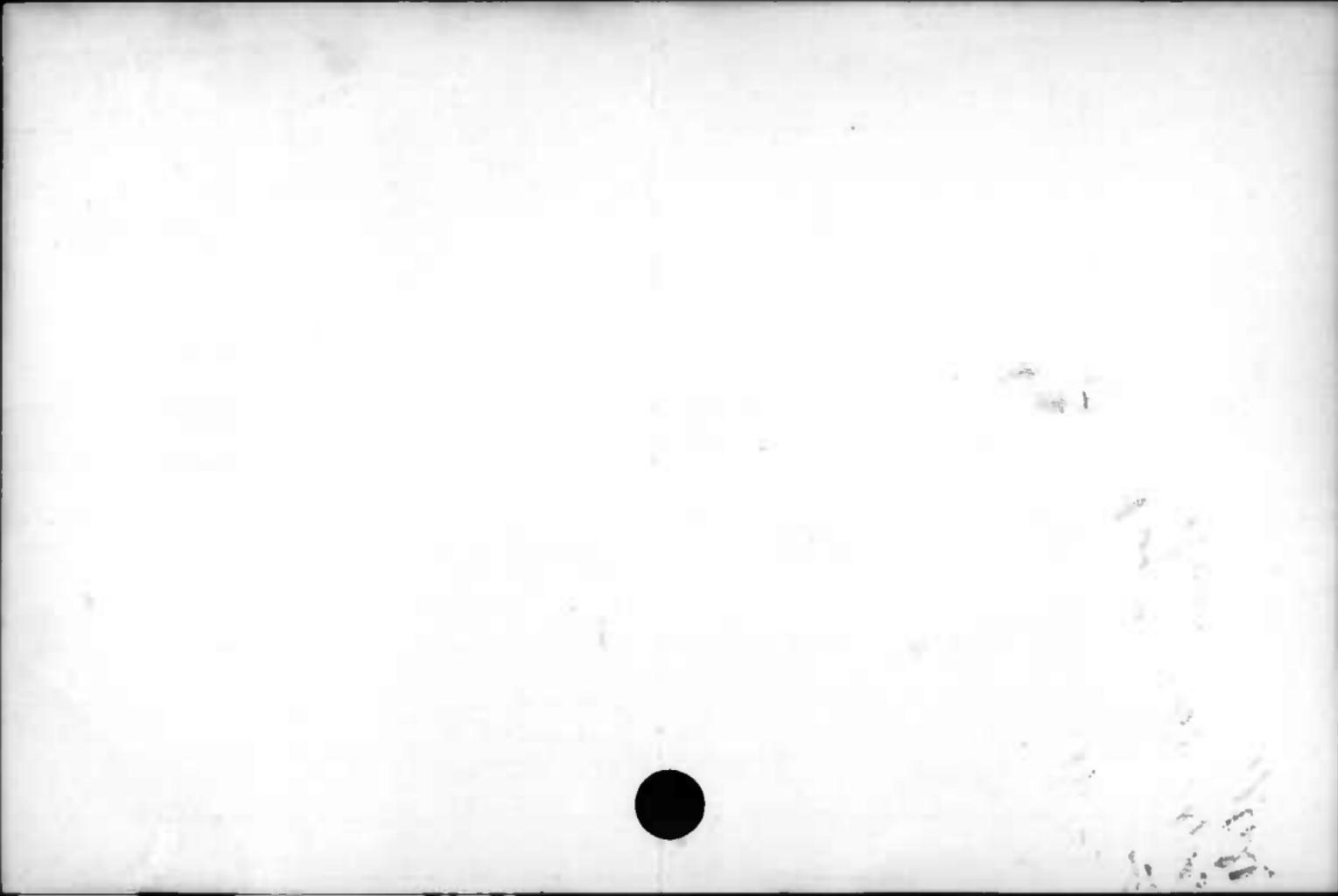
Joseph Shaw

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White			
Married, Single or Widowed	Married	Occupation		Laborer		
Name of Wife or Husband	Susie Free					
Father's Name	Chas Shaw			Father's Birthplace	Md.	
Mother's Maiden Name	Marg Chancy		104	Mother's Birthplace	"	
Name of person giving Information	Nothun Shaw			How related to deceased	Brother	

CAUSES OF DEATH

Primary	Acute Indigestion	How long	Die'd sud-
Immediate	Paralysis of Heart	How long	denly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. F. Brown
Yes		Address	Burnt Mills
Accident or Suicide?			



Name
in
Full

Charles H Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Colisville</u>		Town <u>Mary</u> County <u>Mary</u>	
Date of death <u>1903</u>	Month <u>May</u>	Day <u>14</u>	Years <u>1</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation	

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

George Smith

Father's Birthplace

Md

Mother's Maiden Name

Eunice Johnson

Mother's Birthplace

Md

Name of person giving information

Peter Smith

How related to deceased

Uncle

CAUSES OF DEATH

Primary

Whoopingcough

How long

Month

Immediate

Convulsions

How long

3 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. R. Batson

Address

Spencerville

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Frannie Ryglesbee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dawsonville</u>		County <u>Mary</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>5</u>	Day <u>24</u>	Age <u>27</u>	Months <u>6</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Damascus.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, <u>Single</u>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Pathos How long 5 mos.

Immediate Asphyxia 2 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. D. House M.D.
Dawsonville Md.

Accident or Suicide?

